

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/586769

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED (Article 34)		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		1	1			
4		1		1		
5		1			1	
6		1			1	
7		1			1	
8		1			1	
9		1			1	
10		1			1	
11		1			1	
12		1			1	
13		1			1	
14		1			1	
15		7			1	
16		8			1	
17		12			1	
18		6			1	
19		12			1	
20		12			1	
21		①			1	
22		12			1	
23		12			1	
24						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	94	←	20	←	0	←
TOTAL CLAIMS	94		21		0	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	